

Bay Head, NJ
Dec. 9, 1949

Dear John;

It appeared that you wanted a critical article from a psychiatrist. In view of the fact that no psychiatrist to date has been able to look at Dianetics and listen long enough to find out the fundamentals, Dianetic explanations being dinned out by his educational efforts about Freud, we took it upon ourselves to compose the rebuttal.

Irving R. Kutzman is on Joe's MD responsibility so it's a valid pen name.

This article composes four psychiatrists and their verbatim comments on Dianetics. I played them back very carefully. It is in no sense an effort to be funny and it is not funny. The discussion of the four Freudian drives is a direct quote from one of Freud's most valiant supporters and has been quoted at me before. It is a paraphrase, altered only enough to escape plagiarism. It can be used from the beginning to the end as a direct quote. This is the only place where the "article goes too far" and it is not only verbatim psychiatry comment on Dianetics but is also straight out of the summary on Freudian drives as footnoted.

The philosophic derivation comments are direct quote from Davies of APA. The comment on operators is direct quote from Craig, MD PhD of Savannah. The pre-frontal lobotomy angle (changed only to trans-orbital leukotomy) is a direct quote from Delchamp, MD PhD. You heard nearly all these things repeated by Kahn, MD and he did not diverge in any particular from the standard attitude toward Dianetics, General Semantics (quote on this from Davies of APA), Cybernetics (Boswell, MD) etc. etc.. This article would be found by an MD psychiatrist to be a pretty valid statement of their case because they have so stated the case many times.

I set up a psychiatric demon to roll this. It has been thoroughly checked. Any article you receive will, I know, run something on this order if written by a psychiatrist with the added detraction of not discussing Dianetics so much but educating the reader into Freud. Therefore, may I invite you to peruse same, not in any misguided spirit of levity, but as a review of the composite and variably confirmed attitudes Dianetics meets in the field of those great men who guide our minds.

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for

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A CRITICISM OF DIANETICS

By

Lynday R. Kutzman, M.D.

There have been many optimistic reactions in various quarters over a newly created "science of human thought", Dianetics. It has been averred that Dianetics is capable of "curing" all psycho-somatic and inorganic mental disorders, that it raises the I.Q. of all people so treated from 10 to 100 points, and that, among other things, it brings about a condition known as the "optimum brain" rather than the normal brain, that it preserves and strengthens the personality and increases the persistence of the individual to a marked degree.

Before a reputable investigator can advance an opinion on such developments it is necessary for him to make as thorough an investigation as can be made within the short time available. It is necessary for him to undertake an inspection of the results obtained and to examine the philosophy on which the science is based and, if he is honest, to take as judicial a view as possible, not permitting himself to be carried away by the enthusiasms even of his colleagues before he has observed something about which he can be enthusiastic after his own proper inspection of it has been made.

I spent an entire evening with L. Ron Hubbard, the originator of the science, going over his case histories and observing his own

reactions. I discussed the matter at some length with J.A. Winter, M.D. who has also investigated Dianetics and who has, although not a psychiatrist, but a medical doctor, a grasp on this development.

It will take a long time to satisfy the psychiatrists that there is any particular virtue in Dianetics. In the first place it is a wide departure from classical Freudian psycho-analysis, in the second place there have only been 270 patients processed in whole or in part, and in the third place there are many things in its technique which could be improved.

While I was satisfied that Dianetics did what was claimed, insofar as I observed it, it cannot but be considered an extremely adventurous organization, unsubstantiated by the work of Jung, Adler, Pavlov and, in particular, Sigmund Freud. That it produces permanent results is a thing which will have to be ascertained after many years of work; for only thirteen months has elapsed since the end of the basic series of patients and while none of them have shown any tendency to relapse and while, in justice, it must be said that they have remained, according to evidence, in a uniform state of mental and physical improvement, there is no guarantee that this condition will obtain, say, after ten years.

Any such new development must be approached with extreme caution. It may only appear to do desirable things and it may even be that its benefits accrue from hope or spiritual values. That this is an invariable rule can be seen in the fact that Freud himself received no acclaim for his work for many, many years despite the obvious benefits of that work. It is, therefore, with this spirit of caution that I investigated Dianetics.

My first questions about this development concerned the philosophic

derivation. Mr. Hubbard received these very pleasantly and although he stressed the fact that he had never claimed anything for Dianetics or its postulates except that they worked, he finally admitted that a great deal of work had been spent in the philosophic realm and that a great deal of research had been done amongst the various philosophic works and schools of the past.

In that modern psychiatry is founded upon the works of Hume, Rousseau, Kant and other great philosophers and upon the tenets of Christ, Mohamad and others, it is of extreme interest to obtain the derivation of any new school or, as its supporters call Dianetics, science. I could not find any particular work which was espoused by Mr. Hubbard nor could I discover the fundamental source of his basic postulate. It is obvious that he has studied widely but his fundamental principle is not discoverable in any one ancient or modern school beyond the purely scientific observations of evolution.

Mr. Hubbard refers to Dianetics as an engineering science, constructed only as it could be worked. There is therefore no authoritative background for his conclusions as to the reliability of his basic postulate. That man was meant only to survive brings us to the immediate truth that there are many things man do which do not bring about their survival. While Dr. Winter pointed out that an intention is not necessarily a won goal, as witness the age of reptiles, it is a fact that men commit suicide and indulge in other non-survival activities.

On the question of suicide, Mr. Hubbard pointed out that man is apparently trying to survive in four or more distinct identities - as himself, as his children, as a group or as mankind itself and that the individual drive can be subordinate to other drives. He further pointed out that

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the suicide is under the delusion that he is not killing himself but is trying to kill something which is not himself. Amongst my own patients I have observed that those who would commit suicide were generally unable to face reality because of some fancied guilt or ~~exact~~ delusion and that the causes were uniformly obscure. Mr. Hubbard stated that no patient will commit suicide unless he contains within his "reactive mind" an "impedimental command" to do so for another's good, for the good of society or some such thing, but it is quite certain that no clinical proof of this exists beyond two cases of attempted suicide which did have, as part of their "reactive mind," such commands. Other cases which contained these "impediments" were cleared of the command and even if they had been classified psychiatrically as potential suicides and had from time to time contemplated attempts at self-destruction, again no positive proof of this assumption can be made since the person containing such an "impediment" is no longer subject to the "impediment" after it has been removed from his "reactive mind". And naturally those who were not examined and did commit suicide are no longer there for questioning.

Further examination of this development disclosed that scraps of Dianetics have been known for thousands of years. Except for one or two relatively minor matters, all of them are known to the modern psychiatrist. Psychiatry has advanced the idea time after time that man is basically constructive but that the pressure of modern living and his attempts to adjust himself to this modern world bring about the natural consequence of evil and destructive acts and that any society attempting to live in partial freedom must continue to protect itself against the basic nature and impulses of the selfish and greedy, the malicious and perverted. That Dianetics reveals that the constructive basic remains when the checks

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and balances and disciplines and repressions of the social world are removed is only a new completion on a very old fact. That the Dianetic "clear", unburdened of these painful but necessary restraints conducts himself dynamically and constructively in the social world seems to be a matter of at least observable evidence. But that a Dianetic "clear" can pass without being apprehended the various psychiatric tests for insanity and emerge as more highly adaptable and intelligent is not conclusive proof. It is a fact that psychiatry has never found it necessary to create any standard psychometry for the measurement of sanity alone and that there exist, therefore, no adequate tests for the Dianetic "clear" to take; but a measure of sanity has never been a necessary item when there existed many competent and conclusive tests for insanity, and there is no reason at this time to depart from this course. Therefore it remains equivocal whether or not a Dianetic "clear" is anything more than a slightly above normal individual.

The Dianetic concept of the "optimum brain" is extremely questionable. That a long series of unselected cases have uniformly obtained this "brain" is still not conclusive until one has examined what is desirable in a "brain." According to Dianetics an "optimum brain" is rational and without error according to viewpoint and education in its "memory banks." The "optimum brain" has full sonic and visual imagery with idetic recall, as well as visual and sonic imagery in the imagination. Very few people confronted by psychometry will be found to have a brain which functions in this fashion. It is easily proven that the normal brain does not have this capacity. It is unavoidably subject to error because of its inescapable mal-adjustments. Psychiatry has proven countless times that sexual fantasies make the individual necessarily poorly

adjusted. To say now that all inorganically deranged minds can be
 be brought to
 made to recover all recall and can compute perfectly after a Dianetic
 "clear" has been accomplished is entirely beside the problem of whether
 or not that mind is still subject to its inherent sexual repressions.
 That these sexual repressions cannot be found by psychometry to exist
 in a Dianetic "clear" does not mean that they are not still there since it
 is conclusive, with the vast and decisive work of Freud, that these
 sexual repressions, for instance, do exist. That a Dianetic "clear"
 does not respond on a stimulus response basis to Freudian tests
 does not invalidate those tests, as Dianetics would have one suppose,
 but on the contrary makes one very thoughtful about the state of "clear".

It is well known, for example, that a personality is composed of
 a variety of manifestations which, when unduly stimulated, bring about
 a departure from the normal. Individuals are extremely complex and often
 combine several mental patterns. It can be said with some truth that
 a combination of abnormalities produce the normal. Without various
 reaction ~~formations~~ ^{formations} there would obviously be no personality to be classified.
 Dianetics avoids this fact entirely by stating that the "basic
 individual" is possessed of an inherent personality made up from the
 relative strengths of his drives, his physiological factors, his
 innate intelligence and his individual purpose as modified or enhanced
 by his experience. This definitely does not compare with psychiatric
 knowledge
 findings. The ~~existence~~ that a basic personality existed beneath a
 psychotic or even an insane exterior has long been known to psychiatry.
 It can be demonstrated in any institution. That this basic personality,
 when recreated in deep hypnosis, is a definite personality and that it is
 not apparently aberrated even when the normal individual was aberrated is
 a matter of routine observation in psychiatry. But that this basic

personality can be brought forward to be the actual person is a question so equivocal that it is hardly worth considering. No mention of this has been made by competent authority.

There are many other parts of *Metapsychics* which are far from new.

The question of the four drives has long been considered and accepted. Freudian psychology makes a complete and clear analysis of these.*

First there is the oral drive, next there is the anal, next the genital and finally the aggressive. These are the biological bases. The oral is the infantile, the anal is the female, the masochistic, the genital is the adult and the fourth is the aggressive.

As for the Kantian "demonstration of the impediment" in which the individual, when the impediment is re-stimulated assumes the valence of the warring dramatic personnel in the impediment, we have long had the Freudian reaction pattern which accounts adequately for all departure from normal behavior, basing its conclusions upon the hostilities and ego needs. This pattern can be changed in many ways. That it is constant with the individual has been proven many times. The conflict between man in the auto-erotic economic system and his desire to be drawn up into the infinite, with the consequent sublimations and regressions lead to many strains upon man's biological orientation. The reverse side of of man's biological orientation is a lack of social orientation; thus man can attribute social phenomena mainly to psychic factors and these primarily to the libido. Wars, for instance, are caused by the depth instinct.

The present economic system is definitely rooted deeply in the auto-erotic drives and the reason the machine age did not start two thousand years ago is to be found in the surcease of that period. Culture is not the result of a complex social process but is primarily the product of the

* The following are the sources of the material in *Metapsychics*:
Owen Flanagan, Karen Horney, Norman S. 50

reaction formations are built up against them. The more complete the suppression of the biological drives, the higher the cultural advance. As the capacity for sublimation is limited and since the intensive suppression of the primitive drives without sublimation may lead to neurosis, the growth of a civilization is always simply a growth of neuroses. Neuroses are the price humanity has to pay for cultural development.

The implicit theoretical postulate underlying this truth is a knowledge of biologically determined human nature and the truth that oral, anal, genital and aggressive drives exist in each human being in precisely equal quantities. Variations of character formation from individual to individual as from culture to culture are always due to the varying intensity of the suppression demanded with the additional truth that this suppression affects the different drives in varying degrees.

While historical and anthropological findings do not confirm ~~sexuodieretionemitt~~^a relation between height of culture and the suppression of the sexual or aggressive drives, ~~and~~ ⁵ these error merely consists in assuming a quantitative rather than a qualitative relation. The relation is not between the quantitative suppression and quantitative culture but between quality of individual conflicts and cultural difficulties.

That a man is found to be acting in such and such a Dianetic "dissemination", that the impediment containing that exact sequence can be found and erased and that the individual then no longer uses that dramatization seems at first glance very handy and very neat. But there is utterly no guarantee whatever that the individual will not receive another "impediment" at some future date which he will thereafter dramatize. And there is no certainty whatever, even in the mind of the originator of Dianetics, that the oral-anal-genital-aggressive mechanism are not the very tools by which the impediment permits itself to be dramatized.

The matter of "pre-natal" (in ~~utero~~) memory is one which will give many people pause about Dianetics. That "science" explains glibly that the cells seem to be possessed of their own memory banks and that an engram can be received on a cellular level. This is quite preposterous. Mr. Hubbard goes on the rather devious assumption that a "clear" can be effected if one grants prenatal memory of traumatic character, that the "clear" does not take place if one refuses the assumption ~~and~~ ; ~~and~~ ~~on handles that memory~~ and that this alone is sufficient reason to accept prenatal memory. It is maintained that this turned up in the process of investigation and asserted itself and that cases would not revolve unless it was regarded. When challenged about the truth of these memories he again avoided the issue by stating that he had never been particularly concerned with truth so long as the thing worked - that when the precise memories were reached and erased, the case resolved. Whether these incidents had or had not happened, he maintained, was quite beside the point. Three of his cases were checks against a mother and ~~her~~ child and although the scientific manner in which these were conducted did honor to such a flimsy postulate, that they checked exactly in these three cases is no great criterion since there may have been some other mechanism at work. The only possible proof of this is to take a set of twins, separated at birth, and to check their memories one against the other. If ten such sets were checked and if the experiment was properly controlled, some data might result which would be valuable. But to merely accept certain painful incidents, to erase them, merely because such an action restores certain faculties to the brain is insufficient reason to accept the truth of the prenatal memory. The explanation is that the cells retain the pain engram (impediment), that at some future date that engram is brought into a sub-conscious level where it can be dramatized and

that, with a Dianetic technique it can be found and brought to light with consequent results. The engram is supposed to become re-analyzed after birth and to act as a sub-conscious command, unknown to the individual.

These in utero memories are not at all new to psychiatry. A recent psychiatric text book mentions that they exist. A popular work, THE HONEYCOMB alleges conscious recall of prenatal life. Several of my co-workers have encountered these when using modern narco-synthesis and I myself have several times encountered them. But it is well known that they are sexual delusions and I have no doubt but what they could be fully explained as fantasies of the age of three to five and erotic cravings for one parent or the other. One patient ~~had~~ of mine had a remarkably long sequence of these which were, of course, disregarded in therapy, so questionable was their value. She had long been institutionalized and after a pre-frontal lobotomy was found to be adjusted so that she would give no trouble. Long experience has demonstrated the entire uselessness of accepting these delusions.

There are many other things in Dianetics which are well known and very old. Mr. Hubbard's statement that the evaluation of the facts and the organization of them for use ~~has~~ ^{has} some slight merit but this does not escape the fact that these things, many of them, have been known to man for thousands of years.

The only new things in Dianetics are few. The discovery of the actual nature of unconsciousness and that the brain records continually has some validity and possibly some use to psychiatry. That these memories can be recovered was demonstrated by Mr. Hubbard. That these unconscious areas alone contain aberrative data is open to question in view of the sexual basis of classical Freudian psychology. That this data is probably aberrative, there is no real doubt. I have many times found them with

narco-synthesis and I am glad to discover a technique which will penetrate these hitherto questionable blanks as that experience would assist in filling out a case.

That stimulants bring about a better state of mind is well known. It has even been used in psychotherapy. The Dianetic reversal, even under a stimulant, is still some form of hypnotism I am sure and that everyone can evidently be placed in it constitutes a new observation, not a new discovery since hypnotism has been known for a very long time.

It was no surprise that a development like Dianetics had come about since this is an age of new developments. However, with the world moving ahead so swiftly, time to evaluate such things is definitely limited. There are 18,000,000 mentally ill persons in the United States ^{who require institutional attention,} under the merest handful of competent psychiatrists and the number grows daily. Very little money is put out on research. Funds to the value of \$4,000 per patient were expended last year on poliomyelitis sufferers. Schizophrenia, constituting the majority of the mentally ill, received only 20¢ per patient. In the average institution a psychiatrist can devote only four minutes per patient per day. Therefore it will be a long time before anyone has a chance to make any study of Dianetics. With the new technique of trans-orbital leukotomy ~~anastomosis~~ and the older and more reliable technique of pre-frontal lobotomy patients can be treated more swiftly and will be less of a menace to society than heretofore.

To ask psychiatry to abandon proven, successful methods in favor of some new, untried development is asking the impossible. There have been enormous strides in the field of ~~anastomosis~~ ^{therapy} shock and neuro-surgery, strides which cannot be discounted. The neuro-surgeon is able to get psychotics out of institutions and back to their homes where they can lead a life which is without menace to anyone, and even of some benefit to themselves in a very large number of cases.

In order to make the point more clearly, supposing you were a patient in a mental hospital. You have a mental case which has been diagnosed as typical paranoid schizophrenia. Before admission you victimized everyone around you and still went in terror of your life. Supposing, for lack of time on the part of overworked staffs of psychiatrists, you went in terror of your life, behind bars for five years. For five years you have been locked up in a "disturbed ward", morose, miserable, terrified not of other inmates but of such vague, disorganized concepts as the Catholic Church, the Masons or the F.B.I.. If someone asks you, you tell him the nurses are trying to poison you, that the doctors send poison gas into your room every night and that "they" are constantly threatening you by radio which you hear in your head. You believe you have a Great Mission but no one will listen. Your chances of recovery are negligible; you are one patient amid so many that no attention from a psychiatrist is possible. You are trapped. You cannot get out. Such, at least, was the all too common condition before the neuro-surgeon opened the doors to the world with his swift skill. By such operations as the trans-orbital leukotomy or the pre-frontal lobotomy he can get rid of ~~your insanity~~ that part of your personality which is causing all your trouble.

The trans-orbital leukotomy is a technique so ingenious as to make it worthy of further discussion. It was imported from Europe. It is simply performed and requires only a short time to obtain results. The technique is, roughly, as follows:

You are given an electric shock of 110 volts between the temples. Before you regain consciousness, the surgeon takes a still-letto-like instrument similar to an ice-pick and carefully and expertly inserts it under the lid of one eye, just in front of the eyeball and gently urges it up through the floor of the cranial cavity into the live tissue of the brain.

The handle is moved from side to side so that the association fibers of the brain are severed, those which connect the frontal lobes to the remainder of the brain. After a wide, circular sweep the instrument is withdrawn. The patient is given another electric shock and the long, sharp instrument is inserted under the other eyelid, is shoved upwards into the brain once more and is then swept as before and is finally removed.

That is all there is to it. Except for a relatively short recovery period while the patient's eyes heal and he convalesces from the shock, there are no bad after effects. The mortality rate is, incidentally, quite low. Shortly thereafter the patient has a very good chance of being paroled from the asylum to his family and he can expect ~~as a rule~~ to be expected to perform simple tasks, no longer troubled by his delusions.

Does Dianetics offer this much hope? At the present time no institution could afford to expand valuable psychiatry at the rate of 50 to 75 hours a patient. With 19,000,000 mentally ill and only the small battalion of competent doctors now existing to care for them, mathematics quickly demonstrate the impossibility of such a lavish expenditure of time per patient. The problem is too big. The only thing psychiatry can hope to do is return the psychotic back to their homes as quickly as possible in order to keep the institutions empty capable of holding their inmates. To get them out is important and psychiatry does this in 80% of the cases admitted. This is an excellent record and one of which psychiatry can justly be proud.

Psychiatry is far too busy to concern itself with every upstart fad. Dianetics presents a problem quite similar to a predecessor, General Semantics. A great deal of very valuable time was expended seeking to discover the use and value of General Semantics. But A was found to be very interesting for those who wished to dabble with words, but it was

of little or no value to psychiatry. Like so many feds, General Semantics had to be laid aside as useless. Dianetics falls into this same category. It is new. At first glance it is startling, arresting. But to spend time in long researches to confirm or deny it is quite beyond the question. With this enormous back-log of patients, psychiatry can hope to do very little idle investigating. Today there are many flashes in the pan.

The concept of the mind as an electronic computing machine, as espoused by Professor McCulloch, as written about by Dr. Werner in another new idea, Cybernetics, is an interesting idea but of no real use. Electronics and engineering cannot solve the problems of the human mind. That is very solidly and unarguably the province of psychiatry. The mind is too complex. It requires too much training to know anything about it.

It is stated that a Dianetic operator can learn his work in two months. I have looked at the tenets of Dianetics and I have no doubt but what this is true. But when one considers prerequisites for membership in the American Psychiatric Association, one is able to more properly evaluate what a psychiatrist really is. In addition to a ~~year~~ medical education in a Class A school, a year of internship, a year of residency, three years post-graduate training in psychiatry and five years in practice plus the ability to pass an extremely rigid examination concerning all classes of work done in the field, a psychiatrist must work hard just to remain abreast of the developments within his profession. When one compares this with a two months training to make a Dianetic operator, it does not seem very congruent to say the least.

Supposing that Dianetics continues to hold true on future series of cases, that the psycho-somatic ills and all inorganic derangements of the mind

continue to vanish as they possibly have on all the cases I examined; supposing further research by the engineers and purely medical men interested in it reduce the time of therapy, this still does not answer the question of who is to handle Dianetics, who is to use it.

The medical doctor might have some use for it in relieving psycho-somatic ills and minor aberrations in his patients, but he is no psychiatrist. Further he is preoccupied in purely medical work. One cannot turn Dianetics over to him.

The contention that engineers make excellent operators is obviously nonsense since engineers have never been trained in the structure of the human mind. And engineers are far too busy to concern themselves with it, I am sure.

Who does this leave? The originator of this so-called science states that he believes it will simply by-pass organizations and go directly to groups who assemble here and there to correct their own difficulties and who are interested enough in their friends and families to do something about various unhappinesses in their lives. Certainly one can suppose this, but it is very doubtful if anyone not thoroughly trained in psychiatry would dare attempt to work Dianetics on, for instance, the structurally insane. ~~Psychiatrists~~

This problem is not solved and I do not think it can be solved.

EVALUATION

It is very difficult to evaluate anything with confidence since there are so many factors involved. I have been trying to coordinate Dianetics with Freud and others and without a great deal of success. I ran one experiment on a patient of my own and although I reached what she maintained

was her birth, she developed such a headache and began to cough so much that it was impossible to maintain her in that situation. I then treated her with psycho-analysis and she at length admitted that she might have dreamed it after all. She was ill with a cold for about four days thereafter, colds being chronic with her and so no further experimentation was tried as being too restimulative to her oral-anal eroticism, the source of her chief difficulties. One week later she again began to assert that she had actually begun to experience birth ^{at the time of therapy} and began to blame me for having made her lie and say that it was not birth. The manifestation of delusions of this nature can be very strong.

At the time I talked with Mr. Hubbard I permitted him to show me the technique of the reversie. He said very little to me, talking to what he called my "motor strip". I experienced a fight with another boy at the age of four years and felt the pain of his blows. Mr. Hubbard then took me "earlier" into the prenatal area. It was very warm and soft around me, or so I thought, and I felt a sharp pain in my stomach which gave me considerable psychic shock. I instantly sat up and was for some time dazed. I had not been hypnotized since I was entirely aware of my surroundings and I had not been touched. Observers asked me what had happened and I must admit, for a while, I was quite dazed about it. But after I had recovered myself I knew the experience for what it was: a delusion caused by an excessive hostility I have always felt toward my mother which permitted me to imagine the pain. It would be obviously impossible to re-experience an attempted abortion as the ~~an~~ fetus has no ~~skin~~ ^{my skin} sheathing on ~~its~~ ^{its} nerves. I recalled then that I had eaten excessively at supper and that my ulcer had been troubling me for some time, as it did for some days after. Mr. Hubbard wished to again send me back for the memory but the ~~pro~~position was too ridiculous to be entertained.

Many things can explain Dianetics, but modern psychiatry will not have to occupy itself with such explanations since I am certain that once one realizes the reality of the truth that Freudian psycho-analysis has been with us too long and has been tested too often to be overthrown, he can easily see how Dianetics can have little or no place in the psychiatric scheme of things.

Five hundred hours of psycho-therapy usually produce measurable results. Some Dianetics cases have gone five hundred hours, so it is not out of the time range of psycho-analysis. The psycho-analysis patient is, after two or three years, well-adjusted to face the reality of his condition. The Dianetic "clear" has been made so unaware of his reality that he does not even consider that he was ever ill. Psycho-analysis cases are available which have gone ten years with no relapse. The Dianetic "clear" has gone only thirteen months maximum and while he is evidently still "clear" he may always relapse at some future date, particularly if he receives some future impediment. The psycho-analysis patient is well armored against such relapses. He knows he must keep himself in hand and his understanding of his sexual problems ^{is} such that he can easily rationalize away his fears. He does not relapse. Additionally, in psycho-analysis I have seen patients whose I.Q. was raised as much as 40 by treatment so the added intelligence of the Dianetic "clear" is not particularly marvelous.

The problems of the psyche are well in hand, have been well in hand for many years. Discoveries not solidly founded in classical psycho-analysis are not likely to be easily accepted by a social world which already comprehends all the basic problems of the human mind.

THE END